Description of material included in transfer:

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Records Schedule Item Numbers:

______________________________________________________________________

Please indicate any restrictions or special handling instructions for archival retention, organization and service:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

From: (Name of College/School/Dept. or Office) _______________________________
Transmittal Authorized by: ________________________________________________
Date: _______________________________    Number of Containers: ____________

Received for Archives by:  Signed _______________________________________
Date     ____________________________________

Please send two copies of this form with materials being sent to the archives, as well as a folder-level inventory of the boxes you are sending. The original copy of this form will be filed in the Archives, and the copy will be returned to the sender as acknowledgment of receipt.